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Practitioner's Docket No. MPI99-130P1RCN1M  
(703) 872-9306

PATENT

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Submitted herewith:

Preliminary Amendment Transmittal	(2 pages—in duplicate)
Preliminary Amendment	(3 pages)
Total	Pages (8 pages) (Including this cover sheet)

TO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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Practitioner's Docket No. MPI99-130P1RCN1M

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: White, David  
Application No.: 10/666,807 Group No.:  
Filed: September 18, 2003 Examiner:  
For: COMPOSITIONS, KITS AND METHODS FOR PROGNOSTICATION,  
DIAGNOSIS, PREVENTION AND TREATMENT OF BONE-RELATED  
DISORDERS AND OTHER DISORDERS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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## PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith for this application is/are:  
a. This Preliminary Amendment Transmittal (2 pages - in duplicate); and  
b. Preliminary Amendment (3 pages).

## STATUS

2. Applicant is other than a small entity.

## PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a \_\_\_\_\_ month extension:

Fee: \$ 0.00

## CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

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37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10\*

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Practitioner's Docket No. MPI99-130P1RCN1M

Extension fee due with this request \$ 0.00

If an additional extension of time is required, please consider this a petition therefor.

#### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY		
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate		Addit. Fee
Total	0	Minus	0	=	0	\$18.00	=	\$0.00
Indep.	0	Minus	0	-	0	\$86.00	=	\$0.00
First Presentation of Multiple Dependent Claims			0			\$290.00	=	\$0.00
						Total Addit. Fee		\$0.00

Total additional fee for claims required \$0.00

#### FEE PAYMENT

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

#### FEE DEFICIENCY

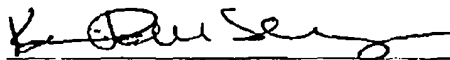
6. If any additional extension and/or fee is required, charge Account No. 501668.  
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7. Correspondence Address  
Direct all future correspondence to:

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OR  
Intellectual Property Department  
MILLENNIUM PHARMACEUTICALS, INC.  
75 Sidney Street  
Cambridge, MA 02139

November 26, 2003

MILLENNIUM PHARMACEUTICALS, INC.

By 

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Dear Sir:

Prior to examination, please amend the application as follows:

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**CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\***

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